

CLAIMS ONLY								Application Number <i>10709989</i>		Filing Date	
								Applicant(s)			
								May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend
1	1						51				
2		1					52				
3			1				53				
4				1			54				
5					1		55				
6						1	56				
7							57				
8							58				
9	1						59				
10		1					60				
11	1						61				
12		1					62				
13	1						63				
14		1					64				
15			1				65				
16				1			66				
17					1		67				
18						1	68				
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41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
Total Indep							Total Indep				
Total Depend							Total Depend				
Total Claims							Total Claims				